REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 2-12-97 2 Serial/Patent # 08/766607				
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
\times	Filing			\$ 385
	Amendment			\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
	Petition			\$
	Issue	ST		\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other .			\$
		7 TOTAL AMOUNT S 3857		
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
×	Overpayment	<u></u>	redit Depo	osit/A/C #:
	Duplicate Payment	9 0		380
	No Fee Due (Explanation):			
Anallent.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: JERENY S. FLEMING TITLE: ADMIN, EXAM				
SIGNATURE:				
OFFICE:				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: DATE: 8-21-97				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B